

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000049347

**Entity Name:** DEWITT SPRINKLER SYSTEMS, LLC

**Current Principal Place of Business:**

10830 N SHADY HILLS PT  
DUNNELLON, FL 34433

**Current Mailing Address:**

10830 N SHADY HILLS PT  
DUNNELLON, FL 34433 US

**FEI Number:** 52-2420858

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEWITT, WILLIAM E  
10830 NORTH SHADY HILLS POINT  
DUNNELLON, FL 34433 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name DEWITT, WILLIAM E  
Address 10830 NORTH SHADY HILLS POINT  
City-State-Zip: DUNNELLON FL 34433

Title AUTHORIZED MEMBER  
Name DEWITT, WILLIAM EDWARD II  
Address 10830 N SHADY HILLS PT  
City-State-Zip: DUNNELLON FL 34434

Title AUTHORIZED MEMBER  
Name STIEHL, JORDAN P  
Address 9185 N CORTLANDT DR  
City-State-Zip: CITRUS SPRINGS FL 34434

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM E DEWITT

MMBR

05/01/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date